

Interview with the Minister of Health

On Oct. 7, Deb Matthews became Ontario's health minister. She discusses her first four months on the job with *Registered Nurse Journal*. BY JILL SCARROW

RNJ When you became health minister, the H1N1 outbreak was front and centre in the public's mind. What did H1N1 teach you about the health portfolio?

DM While we certainly had some bumps initially with the distribution of the vaccine, overwhelmingly we responded extremely well. We're in the process now of evaluating what worked, and what we need to do better. In about three weeks we vaccinated more than 30 per cent of the population. It was fast. It was complicated because we were dealing with uncertainty around the supply of the vaccine. We couldn't have done it without the nurses who worked overtime, weekends, and gave up holidays. I saw how extraordinary the response of the system could be at a difficult time.

RNJ During the H1N1 vaccination campaign, concerns were raised about for-profit clinics delivering the vaccine. At the time, you said you would examine for-profit clinics after the crisis. What can you tell us about the status of that review?

DM The issue was: were they following the sequencing (of the vaccine distribution)? I've asked the chief medical officer of health, Dr. Arlene King, to (review) that... (On for-profit clinics) I am a supporter of a single-payer health care system. But within the law, OHIP doesn't cover everything, so should people be able to buy services above and beyond that? I guess they should. But I firmly believe in the strength of our system and I will protect it.

RNJ Before coming to the health portfolio, you were Minister of Children and Youth Services and led the creation of the Ontario Poverty Reduction Strategy. How will you continue to advocate for poverty reduction as health minister?

DM That was a life changing assignment, developing the poverty reduction strategy. After I went through the whole process, I better understood the link between

poverty and health. People living in poverty tend to have high health-care needs, and people with high health-care needs tend to live in poverty. We must break the cycle.

RNJ Over the last two years, 11 nurse practitioner-led clinics have been announced in Ontario in addition to the Sudbury clinic. When will they be opened? When will you be announcing the next 14 clinics to keep the promise of having 25 additional clinics by 2011?

DM Sudbury is up and running now. There are three more scheduled to open in January, 2010. The others we announced just before Christmas. Each one has a different time table. Getting them ready quickly is what everybody wants to do... We don't have a timeline (to announce the other 14 clinics) right now, but we are committed to moving ahead on this.

RNJ Nurse practitioners continue to be hampered by legislation that prevents them from admitting, treating and discharging hospital in-patients. What is the government's plan to address these concerns?

DM I've heard this is an issue RNAO thinks we should take a good hard look at... we haven't made a decision on it, but I always have an open mind.

RNJ RNAO is urging government to change the Public Hospitals Act to transform Medical Advisory Committees (MACs) into Inter-Professional Advisory Committees (IPACs) to improve inter-professional collaboration and patient care outcomes. When will this take place?

DM There's no announcement to make on this. I know this is something that's important to RNAO. I think we've come a long way on more collaborative practice. That integration needs to be supported.

RNJ In 2010, the government has



committed to issuing a 10-year strategy on mental health and addictions. This work was a high priority for your predecessor, David Caplan. What kind of priority does this work have for you?

DM The link between mental health and poverty is very strong, so it's a high priority for me. We have the select committee on mental health. We also have the minister's advisory group on mental health. There's a lot of really interesting work happening. There's recognition now that we need to focus on mental health.

RNJ In late 2008, the government lifted the moratorium on competitive bidding for home care contracts. Our members are gravely concerned with this decision. Why would the McGuinty government continue to pursue home care this way when it was part of the Mike Harris agenda?

DM This is an issue that I haven't yet turned my attention to. But quality of care is hugely important, and home care is increasingly important as our population ages and we shift care out of hospitals and into communities. **RN**

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